

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-0010
www.dpor.virginia.gov



Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT

Is this an **amended** report?

No ☐

Yes ☐

Has your **address** changed?

No ☐

Yes ☐

1. For fiscal year beginning on _____ and ending on _____

2. Basis of accounting

Cash ☐

Accrual ☐

Other ☐ Please attach an explanation.

3. Cemetery Company Name

Name as it appears on the Cemetery Company's License

4. VA Cemetery Company License Number _____

5. Street Address (PO Box not accepted)

City, State, Zip Code

6. E-mail Address

7. Telephone & Facsimile Numbers

() -

Telephone

() -

Facsimile

8. Has the cemetery company ever sold a lot in Virginia subject to the perpetual care trusting requirements or otherwise responsible for overseeing a Virginia perpetual care trust fund?

Yes ☐

No ☐ If no, please sign the Compliance Agent's Affidavit and the Declaration and return this form to the Board.

9. Name of Trustee

10. Trustee's Address

City, State, Zip Code

11. Trustee's Contact Person

12. Contact Person's Title

13. Telephone & Facsimile Numbers

() -

Telephone

() -

Facsimile

14. Is the trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes ☐

No ☐ If no, you must submit proof that the required bond has been secured and is in effect.

15. Company's Compliance Agent _____
First Middle Last Gen
(SR, JR, III)

16. Compliance Agent's Affidavit

I, the undersigned, certify that the cemetery company submitting this report is in full compliance with the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature of Compliance Agent Date

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,
the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

17. Declaration

I, the undersigned, certify that the foregoing statements and answers are true, including any accompanying schedules and statements, and I have not suppressed any information. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*, and I understand this affidavit.

Printed Name of Officer, Director or Compliance Agent Title

Signature of Officer, Director or Compliance Agent Date

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,
the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FASCIMILE TRANSMISSIONS AND COPIES WILL NOT BE ACCEPTED.